



WILLIAMSON COUNTY
Department of Sewage Disposal Management
1320 West Main Street, Suite 411, Franklin, TN 37064
Phone 615-790-5751 Fax 615-595-1293
www.williamsoncounty-tn.gov

LIMITED POWER OF ATTORNEY

I, _____, do hereby grant to _____
(Property Owner)

_____, a limited power of attorney appointing him/her as my true and lawful attorney in fact for me and in my name, place and stead to execute and discuss any matters related to

for the property owned by me before and/or with the Williamson County Board of Health or the Williamson County Department of Sewage Disposal Management, and to generally act for me in all matters pertaining to this request.

IN TESTIMONY WHEREOF, witness my signature this _____ day of _____, 20____.

(Property Owner)

STATE OF _____

COUNTY OF _____

Before me, the undersigned, a Notary Public in and for the State and County aforesaid, personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who, upon oath, executed the foregoing instrument for the purpose therein contained, by signing his/her name.

Witness my hand and official seal at office in _____, _____, on
(City) (State)
the _____ day of _____, 20____.

(Notary Public)

My Commission Expires: _____

Sewage Disposal Management accepts only the original Limited Power of Attorney form with color Williamson County seal, original signatures, and Notary Public seal. No photocopies, emailed copies, or faxed copies will be accepted.